

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 09005 112

1. PLACE OF DEATH:

County Worcester
 City or town Cambridge
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Two years
 Hospital, institution, or street address where death occurred:
Cambridge End. Hospital
 How long in hospital or institution? 2 weeks

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County Worcester
 City or town Cambridge
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

Lester Bell

3. (b) Social Security Number

4. Sex Male 5. Color or race Colored 6. (a) Single, married, widowed, or divorced Single
 6. (b) Name of husband or wife Louise Beale
 7. Birth date of deceased (mo., day, yr.) 7/12/1913 6. (c) If alive, give age 26 years

8. AGE: Years 35 Months 3 Days 10 If less than one day _____ hrs. _____ min.

9. Birthplace Virginia
 (Town, county, and state)

10. Usual occupation Gen Labor

11. Industry or business _____

12. Name Jane Bell

13. Birthplace Virginia

14. Maiden name Bealeh Locust

15. Birthplace Virginia

16. Informant Louise Beale

Address Cambridge, MD

17. Burial Date thereof 10-28-47
 (Burial, cremation, or removal. When?) (month) (day) (year)

Cemetery or crematory Quint City

Location Cambridge Rd.

19. Funeral director L. H. Baynes

Address Cambridge, MD

19. 10-28- 19 47 John M. Baynes
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-22 19 47 at 11:00 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 8-20-45 to 10-22 19 47

and that I last saw him alive on October 19 47

Immediate cause of death _____ DURATION _____

Carcinoma of stomach

Due to _____

Due to _____

Other conditions Metastatic carcinoma of liver

(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

Signature Alfred Bunker M.D. or other _____

Address 32 Race Street, Cambridge, MD Date signed 10-24-47

RECEIVED

NOV 1 1947

BUREAU OF

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

93d

09006

Reg. Dist. No. 116

1. PLACE OF DEATH:

County DorchesterCity or town Cambridge

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? About 50 Years

Hospital, institution, or street address where death occurred:

Cambridge Maryland HospitalHow long in hospital or institution? One Week

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MarylandCounty DorchesterCity or town Cambridge

(If outside city or town limits, write RURAL and give nearest town)

Street No. 128 Locust St.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Elsie Richardson Beckwith Bonner

3. (b) Social Security Number

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widowed

6. (b) Name of husband or wife

B. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 4, 1884

8. AGE:

Years

63

Months

-

Days

15

It less than one day

hrs.

min.

9. Birthplace Wilmington, Delaware

(Town, county, and state)

10. Usual occupation Saleslady11. Industry or business Garments12. Name Webster Richardson

13. Birthplace - - - - -

14. Maiden name Elmer Davis

15. Birthplace - - - - -

16. Informant Mrs. Laura WilkinsonAddress Cambridge, Maryland17. Burial Date thereof Oct. 25, 1947

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory Cambridge, CemeteryLocation Cambridge, Maryland18. Funeral director LeCompte's Funeral ServiceAddress Cambridge, Maryland.19. 10-24- 19 47 John MacFarland

(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 19, 19 47 at - M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

OCTOBER 11 19 47 to OCT. 19 19 47and that I last saw him/her alive on OCT. 19 19 47

Immediate cause of death

CEREBRAL THROMBOSIS

DURATION

36 Hrs.Due to CORONARY ARTERYTHROMBOSIS8 days.Due to HYPERTENSIVE CARDIOVASCULARDISEASEOther conditions MACROCYTIC ANEMIA4 YRS

(Include pregnancy within 8 months of death)

Major findings of operations NONE

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: NO

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE

John MacFarland M. D. or other 10/22/47

Address

Date signed

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OCT 27 1947
BUREAU

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester
 City or town 133 Race St. Cambridge
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 5 years
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County Dorchester
 City or town Cambridge
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 133 Race St.
 (If rural, give LOCATION)

2. (a) If veteran, name war

3. (a) FULL NAME

Stella M. Brohawn

3. (b) Social Security Number

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Married

6. (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 13, 1887

8. AGE: Years 60 Months 4 Days 3 It less than one day
 hrs. min.

9. Birthplace Queen, Dor. and
(Town, county, and state)10. Usual occupation Housewife

11. Industry or business

FATHER 12. Name Louis Edwell
 13. Birthplace Maryland
 MOTHER 14. Maiden name Alice Duplex
 15. Birthplace Maryland

16. Informant W. West, Brohawn
 Address 133 Race St. Cambridge

17. Burial, cremation, or removal, Which? Burial Date thereof 10/18/47
(month) (day) (year)Cemetery or crematory CemeteryLocation East New Market and18. Funeral director F.R. ThrelkeldAddress East New Market

19. 10-18-47 John Macady MD
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 16 19 47 at 8:00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
November 20 19 45 to October 16 19 47
 and that I last saw her alive on 11 October 19 47.

Immediate cause of death

Cancer of uterus

DURATION

2 yrs.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

M. D. or other

Albert E. Brunker MD
 Address 32 Race Street Date signed 10-18-47
Cambridge, Md.

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OCT 24 1947

BUREAU

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

09008

93d

Reg. Dist. No. 116

1. PLACE OF DEATH:

County DorchesterCity or town Fork Neck
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 10 yrs

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County DorchesterCity or town Fork Neck
(If outside city or town limits, write RURAL and give nearest town)Street No. Rt D 1102 Cambridge md
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Charles W Cephas

4. Sex

Male

5. Color or race

Col

6. (a) Single, married, widowed, or divorced

married

(b) Name of husband or wife

Sarah Cephas

Birth date of deceased (mo., day, yr.)

Jan 18 18836. (c) If alive, give age 53 years

8. AGE:

Years

Months

Days

If less than one day

64

hrs. min.

9. Birthplace

Fork Neck, Dor, Co
(Town, county, and state)

10. Usual occupation

Farmer

11. Industry or business

William J Cephas

12. Name

13. Birthplace

Dor Co

14. Maiden name

Amelia Thomas

15. Birthplace

Dor Co

16. Informant

Sarah Cephas

Address

Fork Neck md

17. Burial

(Burial, cremation, or removal. Which)

Cemetery or crematory

Cemetery

Location

Fork Neck md

18. Funeral director

Lewis H Bayne

Address

Cambridge md

19. Date rec'd by registrar

10-18-47

Registrar

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 15 1947 at 1 A. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Aug 10 1947 to Oct 15 1947and that I last saw him alive on Oct 13 1947

Immediate cause of death

Chronic myocarditis

DURATION

6 months

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Hugh Brown md

M. D. or other

Address

Cambridge md

Date signed

10/17/47

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OCT 24 1947

BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. In correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

161a

09009

CERTIFICATE OF DEATH

Reg. Dist. No. 16

1. PLACE OF DEATH:

County SussexCity or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County SussexCity or town Carter Town
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

4. Sex

Male

5. Color or race

col.

6.(a) Single, married, widowed, or divorced

Single

6.(b) Name of husband or wife _____

7. Birth date of

deceased (mo., day, yr.)

Oct 21, 1947

6.(c) If alive, give age _____ years

8. AGE:

Years

Months

Days

If less than one day

2

hrs.

min.

9. Birthplace

Cambridge Md
(Town, county, and state)

10. Usual occupation _____

11. Industry or business _____

FATHER

12. Name

Houbert Wheelers

13. Birthplace

Smith Hill Md

MOTHER

14. Maiden name

Francis Chestier

15. Birthplace

Beck mess Md

16. Informant

Eva Chestier

Address

Cambridge Md17. Beck mess Date thereof Oct 22 1947
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory

near Carter Mill Md

Location

Carter Mill

18. Funeral director

Leopold H Bayne

Address

Cambridge19. 10-22- 19 47 John Mace Jr Md
(Date rec'd by registrar) Registrar

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

Oct 21 1947 at 8:45 p.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Oct 20 1947 to Oct 21 1947and that I last saw him alive on Oct 21 1947

Immediate cause of death

Atelectasis newborn DURATION 1 day

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE

Alfred E. Brinker Md M. D. or other _____Address Cambridge Md Date signed 10-22-47

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OCT 27 1947

BUREAU

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

45C

09010

CERTIFICATE OF DEATH

Reg. Dist. No. 11C

1. PLACE OF DEATH:

County DorchesterCity or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 3 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... County.....

City or town.....
(If outside city or town limits, write RURAL and give nearest town)

Street No.....

(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (a) FULL NAME

Georgia Carmish

3. (b) Social Security Number

4. Sex fea5. Color or race col6.(a) Single, married, widowed, or divorced Married6.(b) Name of husband or Erwin Carmish

6.(c) If alive, give age..... years

7. Birth date of deceased (mo., day, yr.) May 14, 18938. AGE: Years 54 Months 7 Days 16 If less than one day..... hrs. min.9. Birthplace Charles Co Md
(Town, county, and state)10. Usual occupation Lab-aer11. Industry or business none12. Name Dorset Knom13. Birthplace Charles Co14. Maiden name Dorset Knom15. Birthplace Dorset Knom16. Informant Erwin CarmishAddress Cambridge 32 Frank Lane17. Eairley Date thereof Nov 2
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory EairleyLocation Eairley18. Funeral director Leah H. BannumAddress Cambridge Md19. 11-3- 47 John Mace Jr. md
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 30, 19 47 at 3:15 A.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb. 27, 19 47, to Oct 30, 19 47and that I last saw h. er alive on Oct 28, 19 47Immediate cause of death myocardial failure

DURATION

1 dayDue to Carcinoma of heart palateDue to 4 yrsOther conditions of month

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?.....
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?.....

23. SIGNATURE Lawrence Maryanov

M. D. or other

Address Cambridge Md Date signed 10/31/47

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NOV 5 1947

BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

09011

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester
City or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 2 yrs., 11 mo., 19 days
Hospital, institution, or street address where death occurred:
Eastern Shore State Hospital
How long in hospital or institution? 2 yrs., 11 mo., 19 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Queen Anne
City or town Grasonville
(If outside city or town limits, write RURAL and give nearest town)
Street No. _____
(If rural, give LOCATION)
2.(a) If veteran, name war _____

3. (a) FULL NAME

Guy H. Coursey

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Separated
6.(b) Name of husband or wife Nellie Burroughs
6.(c) If alive, give age unknown years
7. Birth date of deceased (mo., day, yr.) unknown
8. AGE: Years 68? Months _____ Days _____ If less than one day _____ hrs. _____ min.

MEDICAL CERTIFICATION

20. DATE OF DEATH October 2 19 47 at 3:45 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 1 19 47 to Oct. 2 19 47 and that I last saw him alive on October 2 19 47

Immediate cause of death Arteriosclerotic cardio-vascular disease

DURATION
2 yrs.

Due to senility

Due to _____

Other conditions Involutional psychosis

1944

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Robert Bertrand May, MD.
M. D. or other _____

Address _____ Date signed _____

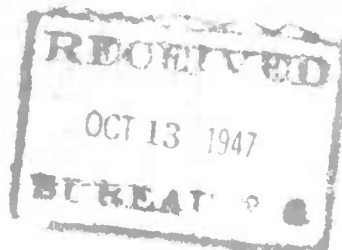
9. Birthplace Grasonville, Md.
(Town, county, and state)
10. Usual occupation Oysterman and automobile dealer
11. Industry or business unknown
12. Name Charles O. Coursey
13. Birthplace Grasonville, Md.
14. Maiden name Alice B. Rhodes
15. Birthplace Anne Arundel Co.
18. Informant Eastern Shore State Hospital Records
Address Cambridge, Md.
17. Burial Date thereof Oct. 4, 1947
(Burial, cremation, or removal, Which?) (month) (day) (year)
Cemetery or crematory Chesterfield Cem.
Location Centreville, Queen Anne Co. Md.
18. Funeral director Barton Bros
Address Centreville Maryland
19. 10/21 19 47 John May, Jr. MD.
(Date rec'd by registrar) Registrar

MARGIN RESERVED FOR BINDING

9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Do not correct age in especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Indicate street age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

09012

Reg. Dist. No. 111

1. PLACE OF DEATH:

County DorchesterCity or town Secretary
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County DorchesterCity or town Secretary
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Mary Lee Dean

3. (b) Social Security Number

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife _____

6. (c) If alive, give age _____ years

7. Birth date of

deceased (mo., day, yr.)

Sept 30 1878

8. AGE:

Years

Months

Days

If less than one day

69023

hrs.

min.

9. Birthplace

(Town, county, and state)

10. Usual occupation

House work

11. Industry or business

FATHER

12. Name

Francis Morris

13. Birthplace

MOTHER

14. Maiden name

Mattie Sweet

15. Birthplace

16. Informant

Address

Mary DeanSecretary

17. (Burial, cremation, or removal. Which?)

Date thereof

Burial Oct 26 1947
(month) (day) (year)

Cemetery or crematory

Location

Cemetery
East New Market

18. Funeral director

Address

F.B. Halloway
East New Market

19. (Date rec'd by registrar)

1947

Oct. 24 Elizabeth C. Smith
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 23 19 47 at _____ M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

March 19 47 to October 23 19 47and that I last saw him/her alive on October 17 19 47

Immediate cause of death

Carcinoma of colon

DURATION

3 yrs

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury

Injured at work?

23. SIGNATURE

W C Harrison MD
Harlock Md. M. D. or other _____
Address _____ Date signed 10/24/47



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The color of ink is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

69013

Reg. Dist. No. 111

1. PLACE OF DEATH:

County Dorchester
 City or town East NewMarket
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 4 years
 Hospital, institution, or street address where death occurred:
X
 How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Dorchester
 City or town East NewMarket
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. X
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3. (a) FULL NAME

Katie Demby

3. (b) Social Security Number

4. Sex female 5. Color or race colored 6.(a) Single, married, widowed, or divorced single
 6.(b) Name of husband or wife X X
 B.(c) If alive, give age..... years
 7. Birth date of deceased (mo., day, yr.) about 1901
 8. AGE: Years about 46 Months 0 Days 0 If less than one day
hrs.min.

9. Birthplace North Carolina?
 (Town, county, and state)
 10. Usual occupation Housework and Canning House
 11. Industry or business X X
 FATHER 12. Name Unknown
 13. Birthplace "
 MOTHER 14. Maiden name Unknown
 15. Birthplace "

16. Informant Floyd Henry
 Address East NewMarket, Md.
 17. Burial Date thereof Oct 20 1947
 (Burial, cremation, or removal, Which?) (month) (day) (year)
 Cemetery or crematory Cambridge
 Location East NewMarket
F.B. Willoughby
 18. Funeral director
 Address East NewMarket
Oct 19 19 47 Elizabeth C. Smith
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 17 19 47, at 3 P. M.
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
X X 19....., to X X 19.....
 and that I last saw h..... alive on X X 19.....

Immediate cause of death..... DURATION
Disease of Coronary Arteries a week
or two
 Due to.....
 Due to.....
 Other conditions.....
 (Include pregnancy within 3 months of death)

Major findings of operations..... Date of op.

Autopsy results.....
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide..... Date of.....
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?

23. SIGNATURE Jo K. Shriver, Dep. Med. Exam. M. D. or other
 Address Cambridge, Md. Date signed Oct. 17/47

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OCT 23 1947

BUREAU 68

P.R.C

Death
2000

09505

MARYLAND STATE DEPARTMENT OF HEALTH
CERTIFICATE OF STILLBIRTH

Reg. Dist. No.

A certificate must be filed within 24 hours for every stillbirth of 20 weeks' gestation or more (see stub)

1. PLACE OF BIRTH:

County Dorchester

City or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)

Street address, hospital, or institution:
405 Edgewood Avenue

Length of mother's stay in County ?
(How many years, or months, or days. SPECIFY WHICH)

2. USUAL RESIDENCE OF MOTHER:

State Maryland

County Dorchester

City or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)

Street No. 405 Edgewood Avenue
(If RURAL give LOCATION)

3. Name of child Jean Ennals

5. Sex female | 6. Twin or triplet 2d. twin

4. Date of birth Oct. 2, 1947 Hour 5-30-6 P.M.

7. No. of weeks pregnancy 6 mos.

FATHER OF CHILD

8. Full name Samuel R. Ennals

9. Color Col. 10. Age at time of this birth ? yrs.

11. Usual occupation ?

MOTHER OF CHILD

12. Full maiden name Mabel Brown

13. Color col. 14. Age at time of this birth ? yrs.

15. Usual occupation ?

16. Other children born to mother (not including present child): (a) How many children of this mother are now living? ?
(b) How many other children were born alive but are now dead? ? (c) How many other children were born dead? ?

17. Did child die before labor? YES During labor? X

18. Pregnancy, complications of ?

21. Cause of stillbirth. Please be specific. For terms like prematurity, asphyxia, etc., try to add cause thereof.

19. Labor: (a) Complications of ?
(b) Induced? ?

(a) Fetal causes ?
(b) Maternal causes X

20. (a) Was there an operation for delivery? no
(b) State all operations, if any (Yes or No)

22. I certify to the birth of this child who was born dead* on the date and hour above stated.

(c) Did child die before operation? ?
During operation? ?

Signature J. H. Shivers
(Specify if M. D., midwife, or other)
Deputy Medical Examiner
Address ?

23. (a) ? (b) Date thereof ?
(Burial, cremation or removal) (month) (day) (year)
(c) Cemetery or crematory ?

24. (a) Funeral director ?
(b) Address ?

25. (a) ? (b) ?
(Date rec'd by registrar) (Registrar)

26. (To be filled out if no physician was present at delivery.)
The above certificate has been examined by me.
Health Officer, per ?

* See Instruction C on stub.

Lived about
1/2 hr.
a.s.

V. S. A10

RECEIVED

OCT 27 1967

BUREAU # 3

p.R.C. Death 200c 09506

MARYLAND STATE DEPARTMENT OF HEALTH
CERTIFICATE OF STILLBIRTH

Reg. Dist. No.

A certificate must be filed within 24 hours for every still birth of 20 weeks' gestation or more (see stub)

1. PLACE OF BIRTH:

County Dorchester
City or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)
Street address, hospital, or institution:
40 Edgewood Avenue
Length of mother's stay in County ?
(How many years, or months, or days. SPECIFY WHICH)

2. USUAL RESIDENCE OF MOTHER:

State Maryland
County Dorchester
City or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)
Street No. 405 Edgewood Avenue
(If RURAL give LOCATION)

3. Name of child (Twin) Ennals - Josephine
5. Sex female 6. Twin or triplet twin

4. Date of birth Oct. 2, 19 47 Hour 5-30-6P.M.
7. No. of weeks pregnancy 6 mos.

FATHER OF CHILD

8. Full name Samuel R. Ennals
9. Color col. 10. Age at time of this birth ? yrs.
11. Usual occupation ?

MOTHER OF CHILD

12. Full maiden name Mabel Brown
13. Color col. 14. Age at time of this birth ? yrs.
15. Usual occupation ?

16. Other children born to mother (not including present child): (a) How many children of this mother are now living? ?
(b) How many other children were born alive but are now dead? ? (c) How many other children were born dead? ?

17. Did child die before labor? yes During labor? x
18. Pregnancy, complications of ?

21. Cause of stillbirth. Please be specific. For terms like prematurity, asphyxia, etc., try to add cause thereof.
(a) Fetal causes ?

19. Labor: (a) Complications of ?
(b) Induced? ?

(b) Maternal causes x

20. (a) Was there an operation for delivery? no
(b) State all operations, if any (Yes or No)

22. I certify to the birth of this child who was born dead* on the date and hour above stated.

(c) Did child die before operation? ?
During operation? ?

Signature Jos. R. Shriver
(Specify if M. D., midwife, or other)

Deputy Medical Examiner

23. (a) ? (b) Date thereof ?
(Burial, cremation or removal) (month) (day) (year)

25. (a) ? (b) ?
(Date rec'd by registrar) (Registrar)

(c) Cemetery or crematory ?

26. (To be filled out if no physician was present at delivery.)
The above certificate has been examined by me.

24. (a) Funeral director ?
(b) Address ?

Health Officer, per ?

* See Instruction C on stub.

V. S. A10

Lived about 1/2 hr. a.m.s.

Infant d.

RECEIVED
OCT 27 1947
BUREAU * *

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

50

09014

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester
 City or town Cambridge
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 20 years

Hospital, institution, or street address where death occurred
13 Locust St. Cambridge, Md.

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester
 City or town Cambridge
 (If outside city or town limits, write RURAL and give nearest town)

Street No. 13 Locust St.
 (If rural, give LOCATION)

2. (a) If veteran, name war

3. (a) FULL NAME

Edith Jones Ewitt

3. (b) Social Security Number

4. Sex Female 5. Color or race white 6. (a) Single, married, widowed, or divorced Widowed6. (b) Name of husband or wife Guilford W. Ewitt6. (c) If alive, give age. years

7. Birth date of deceased (mo., day, yr.) June 2, 1863
 8. AGE: 84 Years 4 Months 14 Days If less than one day hrs. min.

9. Birthplace Cambridge, R. & D.
(Town, county, and state)10. Usual occupation Retired School Teacher

11. Industry or business

12. Name James Jones13. Birthplace Idor Co14. Maiden name Margaret Radcliffe15. Birthplace Idor Co16. Informant Mrs. John E. GroffAddress Cambridge Md17. Burial Date thereof 10-17-47
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Jones Family Burial GroundLocation Cambridge Md R5A18. Funeral director Kenneth R. ThomasAddress Cambridge Md.19. 10-17-47 John M. Jones Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH October 16 19 47 at 2:15 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 9 19 43 to October 16 19 47
 and that I last saw him alive on October 15 19 47

Immediate cause of death Hemiplegia, Left. DURATION 3 days

Due to arterio-sclerotic Cardiac 4 years +
Vascular Renal Disease

Due to Carcinoma Rt. Breast 3 years
 (Include pregnancy within 3 months of death)

Major findings of operations None

Date of op.

Autopsy results none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Eldridge H. Selfman M. D. or otherAddress Cambridge, Md Date signed 10-16-47

RECEIVED

OCT 18 1947

BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

09015

CERTIFICATE OF DEATH

Reg. Dist. No. 110

1. PLACE OF DEATH:

County... DORCHESTERCity or town... RURAL - RHODESDALE
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 15 YEARS

Hospital, institution, or street address where death occurred:

R.F.D. #1How long in hospital or institution? -

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... MARYLAND County... DORCHESTERCity or town... RURAL - RHODESDALE
(If outside city or town limits, write RURAL and give nearest town)Street No... R.F.D. #1
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

CLARA LOUISE FLEMING

3. (b) Social Security Number

4. Sex

FEMALE

5. Color or race

WHITE

6. (a) Single, married, widowed, or divorced

MARRIED6. (b) Name of husband or wife JOHN K. FLEMING6. (c) If alive, give age 69 years7. Birth date of deceased (mo., day, yr.) MAY 22, 18768. AGE: Years 71 Months 4 Days 10 If less than one day
... hrs. ... min.9. Birthplace BARRYTOWN, NEW YORK
(Town, county, and state)10. Usual occupation HOUSEWIFE11. Industry or business OWN HOMEFATHER 12. Name FREDERICK QUITMAN13. Birthplace UNKNOWN, NEW YORKMOTHER 14. Maiden name ELDA E. ARNOLD15. Birthplace NEW YORK CITY, NEW YORK16. Informant JOHN K. FLEMINGAddress RHODESDALE, MARYLAND - R.F.D. #117. BURIAL Date thereof OCTOBER 4, 1947
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory ODD FELLOWS CEMETERYLocation SEAFORD, DELAWARE18. Funeral director Medford L. Watson Jr.Address SEAFORD, DELAWARE19. (Date rec'd by registrar) 19 H. L. Hastings Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH OCTOBER 1, 1947 at 3:50 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Sept 24th 1947 to Oct. 1 1947
and that I last saw him alive on Oct 1st 1947

Immediate cause of death

Carcinoma of stomach
Diffuse carcinomatous

DURATION

2 yrs.
3 months

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations Inoperable Carcinoma
of stomach Date of op. Nov. '46

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

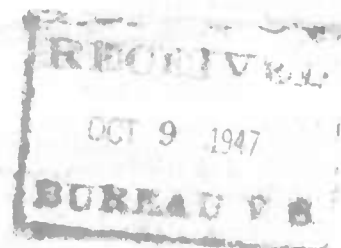
23. SIGNATURE J. Ireland L. M.D. M. D. or otherAddress Seaford, Del. Date signed 10/2/47

MARGIN RESERVED FOR BINDING

VS A15

9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

116

1. PLACE OF DEATH:

County Dorchester
 City or town Madison
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 7 months
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Dorchester
 City or town Fishing Creek
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. none
 (If rural, give LOCATION)
 2.(a) If veteran, name war none

3. (a) FULL NAME

Thomas H. Flowers

3. (b) Social Security Number

none

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widowed

6. (b) Name of husband or wife

Edna H. Flowers

7. Birth date of deceased (mo., day, yr.)

May 16 - 1897

8. AGE:

Years	Months	Days	It less than one day
<u>55</u>	<u>5</u>	<u>1</u>	<u>hrs.</u>

9. Birthplace

Barren Island, Dor Co

10. Usual occupation

Waterman

11. Industry or business

Alfred J. Flowers

12. Name

Dor Co

13. Birthplace

Carrie Smith

14. Maiden name

Wisconsin Co.

15. Birthplace

Thomas H. A. Flowers Jr

16. Informant

Philadelphia, Pa

17. Burial

Burial

(Burial, cremation, or removal. Which?)

Hooper Memorial

Cemetery or crematory

Fishing Creek, Md.

Location

Kenneth R. Thomas

18. Funeral director

Cambridge, Md

Address

10/29/1947

19. (Date rec'd by registrar)

19 47John Macey, MD

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 27 19 47 5 A. M.

21. CERTIFY that death occurred on the date above stated; that I attended deceased from

Oct 25 19 47 to Oct 27 19 47and that I last saw him alive on Oct 25 19 47

Immediate cause of death

Coronary occlusion

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

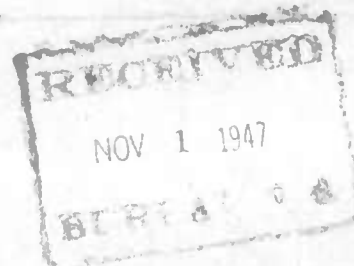
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE L. MaryanovAddress Cambridge, Md.Date signed 10/27/47

M. D. or other



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

09507

Reg. Dist. No. 111

1. PLACE OF DEATH:

County DorchesterCity or town Durlock, Md.
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? few weeks

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Kiley L. Higgins

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widowed

6. (b) Name of husband or wife:

7. Birth date of deceased (mo., day, yr.) Feb. 8, 1858
6. (c) If alive, give age _____ years

8. AGE: Years Months Days If less than one day

89 8 7 hrs. min.9. Birthplace Seaford, Delaware
(Town, county, and state)10. Usual occupation none

11. Industry or business

12. Name Robert Brown
13. Birthplace Seaford, Delaware
14. Maiden name Elizabeth F. Brown
15. Birthplace Seaford16. Informant Olin L. HigginsAddress Durlock, Md.17. Burial Date thereof 11/2/47
(Burial, cremation, or removal, which?) (month) (day) (year)Cemetery or crematory CornettersLocation East New Market Md.18. Funeral director F.B. WilboughbyAddress East New Market19. Nov. 1 1947 Elizabeth C. Smith
(Date rec'd by registrar) Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County DorchesterCity or town East New Market, Md.
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2. (a) If veteran, name war:

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 29 1947 at 10 P. M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 24 1947 to October 29 1947
and that I last saw her alive on October 29 1947Immediate cause of death Chronic Myocardial Degeneration DURATION 1 yr +

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE W. H. Harrison MD M. D. or otherAddress Durlock Md. Date signed 11/1/47

RECEIVED

NOV 13 1947

GENERAL

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 112

1. PLACE OF DEATH:

County..... (Drawbridge.) Dorchester.
City or town..... Drawbridge, Cambridge, R.D., Md.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?..... Lifetime.

Hospital, institution, or street address where death occurred:

Same as above.

How long in hospital or institution?..... No hospital.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland..... County..... Dorchester.

City or town..... Drawbridge, Cambridge, R.D., Md.
(If outside city or town limits, write RURAL and give nearest town)

Street No..... No street address.

(If rural, give LOCATION)

2.(a) If veteran, name war..... No Veteran.

3. (a) FULL NAME

Edith Jackson. (No Middle Name.)

3. (b) Social Security Number

None.

4. Sex

Female.

5. Color or race

Colored.

6. (a) Single, married, widowed, or divorced

Married.

6. (b) Name of husband or wife..... George Horsey. (Common Law.)

7. Birth date of

deceased (mo., day, yr.)

June 1" 1883.

6. (c) If alive, give age..... 70..... years

8. AGE:

Years

Months

Days

If less than one day

64

4

10

..... hrs.

..... min.

9. Birthplace..... Drawbridge, Dor., Co., Maryland.
(Town, county, and estate)

10. Usual occupation..... Housewife. Farm worker.

11. Industry or business..... Housekeeping. Farming.

FATHER

12. Name..... Richard Stanley.

13. Birthplace..... Dorchester County, Md.

MOTHER

14. Maiden name..... Edith Stanley.

15. Birthplace..... Dorchester County, Maryland.

16. Informant..... Minnie Jackson. (Daughter.)

Address..... Cambridge, R.D., Maryland.

17. Burial..... Date thereof..... Oct. 15" /47.
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory..... Drawbridge Cemetery.

Location..... Drawbridge, Dor., Co., Md.

18. Funeral director..... Lewis Baenum.

Address..... Cambridge, Maryland.

19. (Date rec'd by registrar)..... 19 47

Elyaher N. Beall-
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH..... October 11" 1947..... at 8 P. M

I CERTIFY that death occurred on the date above stated; that I attended deceased from
September 11" 19 47, to October 11" 19 47

and that I last saw her alive on October 11th. 1947.

Immediate cause of death..... Interstitial Nephritis..... DURATION

Due to..... Cold, exposure, work.

Due to.....

Other conditions..... Uraemia.

(Include pregnancy within 3 months of death)

Major findings of operations..... No operations.

Date of op.

Autopsy results..... No autopsy.

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: No.

Accident, suicide, or homicide..... No..... Date of..... No.

Where did injury occur?..... No.

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where)?..... No injury.

Means of injury.....

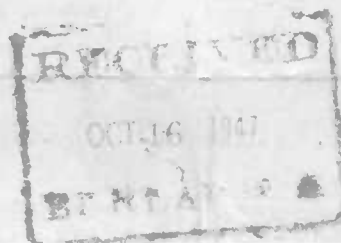
Injured at work?.....

23. SIGNATURE

Edward E. Lankin, M.D., Vienna, Md.

Address.....

Date signed.....



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester
 City or town Crofton Md, Dorco
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death 10
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

John W Johnson

4 Sex Male 5. Color or race col 6. (b) Single, married, widowed, or divorced married

6. (b) Name of husband or wife Annie Johnson

7. Birth date of deceased (mo., day, yr.) Feb 12 1876 6. (c) If alive, give age 71 years

8. AGE: Years 71 Months 0 Days 0 If less than one day hrs. min.

9. Birthplace Crofton Md Dor Co.
 (Town, county, and state)

10. Usual occupation farmer

11. Industry or business

12. Name William A Johnson13. Birthplace Crofton Md14. Maiden name Martha Johnson15. Birthplace Crofton Md16. Informant Annie JohnsonAddress Crofton Md17. Burial Date thereof Oct 19/47
 (Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory CemeteryLocation Crofton Md18. Funeral director South & RayneumAddress Cambridge Md

19. 10-18- 19 47
 (Date rec'd by registrar) Registrar John Macoy

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State md. County Dorchester
 City or town Crofton
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Beach Ground Road
 (If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 14 19 47 at 8 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 19 47, to death 19 47
 and that I last saw him alive on Oct 1 19 47

Immediate cause of death Cerebral Sclerosis DURATION ?

Due to generalized arteriosclerosis ?

Due to

Other conditions Prostatic hyperplasia ?
residual tuberculosis
 (Include pregnancy within 3 months of death)

Major findings of operations ?
 Date of op. ?

Autopsy results ?
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide ? Date of ?

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Manner of injury ? Injured at work? ?

23. SIGNATURE W. Thompson, M.D. M. D. or other

Address Cambridge Md Date signed Oct 17, 1947

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OCT 24 1947

BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

69019

Reg. Dist. No. 11 d

1. PLACE OF DEATH:

County Dorchester
City or town Williamsburg - Rural
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 20 years
Hospital, institution, or street address where death occurred:
Boltown
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester
City or town Williamsburg - Rural
(If outside city or town limits, write RURAL and give nearest town)
Street No. Boltown
(If rural, give LOCATION)

2. (a) If veteran, name war

3. (a) FULL NAME

Ada A. Jones

3. (b) Social Security Number

213-24-1262

4. Sex Female 5. Color or race Colored 6. (a) Single, married, widowed, or divorced Widowed
6. (b) Name of husband or wife John M. Jones
6. (c) If alive, give age _____ years
7. Birth date of deceased (mo., day, yr.) May 15, 1907
8. AGE: Years 40 Months 4 Days 20 If less than one day _____ hrs. _____ min.

MEDICAL CERTIFICATION

20. DATE OF DEATH October 5 19 47 at 11:05 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from _____ 19____, to _____ 19____

and that I last saw him _____ alive on _____ 19____

Immediate cause of death

DURATION

Disease of Coronary Arteries
Due to _____ 6 hrs.

Due to _____

Other conditions _____

(Include pregnancy within 8 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____

Injured at work?

23. SIGNATURE J. K. Shriver Dep. Med. Exam.
M. D. or other _____

Address Cambridge - Md. Date signed Oct. 6/47

9. Birthplace Kidgley, Caroline County, Maryland
(Town, county, and state)

10. Usual occupation Housework

11. Industry or business Home

12. Name John Mitchell

13. Birthplace Caroline County, Maryland

14. Maiden name Tora Shap

15. Birthplace Caroline County, Maryland

16. Informant Rosalie Smith

Address Williamsburg, Maryland, R.F.D.

17. Burial Date thereof October 9, 1947
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Forestwood Cemetery

Location Near Preston, Maryland

18. Funeral director J. J. Traubert and Son

Address Federalburg, Maryland

19. October 9 19 47 Charles W. Hastings
(Date rec'd by registrar) Registrar

MARGIN RESERVED FOR BINDING

I

9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

NOV 1 1947

BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester
City or town Cambridge, Maryland
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? life time
Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester
City or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)
Street No. 12 Dunns Lane
(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME

William Kiah

3.(b) Social Security Number

4. Sex male 5. Color or race Colored 6.(a) Single, married, widowed, or divorced widowed

6.(b) Name of husband or wife Lillian Kiah

7. Birth date of deceased (mo., day, yr.) June 5, 1886 6.(c) If alive, give age years

8. AGE: Years 61 Months 4 Days 11 If less than one day hrs. min.

9. Birthplace Cambridge, Maryland
(Town, county, and state)

10. Usual occupation Musican & laborer

11. Industry or business

12. Name Lamuel Kiah

13. Birthplace Dorchester county Md.

14. Maiden name Mary Jane Trippe

15. Birthplace Dorchester County Md.

16. Informant Minnie Graves

Address Robson Street, Cambridge Md.

17. Bethel Date thereof Oct 20
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Central

Location Cambridge

18. Funeral director Glenn H. Baymen

Address Cambridge Md

19. 10-20-47 John M. Mays, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 16 19 47 at 12:15 P.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 2 19 47 to Oct. 16 19 47 and that I last saw him alive on Oct. 15 19 47

Immediate cause of death Chronic Chole-
cystitis
chronic cholangitis

Due to

Due to

Other conditions Hypertension

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Carroll M. St. Clair M. D. or other

Address San Pedro St Date signed 10-18-47

MARGIN RESERVED FOR BINDING

VS-A15

9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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OCT 24 1947

BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

69021

CERTIFICATE OF DEATH

Reg. Dist. No. 112

1. PLACE OF DEATH

County Dorchester
City or town Vienna
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Annie M. Longford

3. (b) Social Security Number

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widow

6. (b) Name of husband or wife

6. (c) If alive, give age _____ years

7. Birth date of

deceased (mo., day, yr.)

Oct 2 7th 1862

8. AGE:

Years

Months

Days

If less than one day

841113

hrs.

min.

9. Birthplace

(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER

12. Name

13. Birthplace

MOTHER

14. Maiden name

15. Birthplace

16. Informant

Address

17.

(Burial, cremation, or removal, which?)

Date thereof

(month) (day) (year)

Cemetery or crematory

Location

18. Funeral director

Address

19.

(Date rec'd by registrar)

19

47

Elizabeth D. Bugh
Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County DorchesterCity or town Vienna
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2. (a) If veteran, name war _____

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 8th 1947 19 47 at 11:30 M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Oct 20 19 47 to Oct 7 19 47and that I last saw deceased alive on Oct 7 19 47

Immediate cause of death

Pneumonia lobar

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury

Injured at work?

23. SIGNATURE

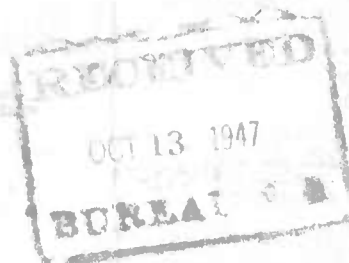
M. D. or other

Address Carl Hare Market Date signed 10/8/47

MARGIN RESERVED FOR BINDING

VS-A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

69022

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester
 City or town Cambridge
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 31 yrs., 4 mos., 8 days
 Hospital, institution, or street address where death occurred:
Eastern Shore State Hospital
 How long in hospital or institution? 31 yrs., 4 mos., 8 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester
 City or town Cambridge
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

Emma Mowbray

3. (b) Social Security Number

None

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Single

6. (b) Name of husband or wife

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.)

March 12, year unknown 1876

8. AGE:

Years

Months

Days

If less than one day

71 (?)

hrs.

min.

9. Birthplace Near Airey's, Dor. Co., Maryland
(Town, county, and state)

10. Usual occupation

Laborer

11. Industry or business

Unknown

FATHER

12. Name Thomas Mowbray13. Birthplace Unknown

MOTHER

14. Maiden name Mary Willy15. Birthplace Unknown16. Informant Eastern Shore State Hospital RecordsAddress Cambridge, Maryland17. Burial
(Tomb, crematorium, or removal. Which?)Date thereof Oct 18/1947
(month) (day) (year)

Cemetery or crematory

Location

18. Funeral director

Address

19. 10-17-47
(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 16, 1947 6:10 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

June 8, 1926 to October 16, 1947and that I last saw him alive on October 16, 1947

Immediate cause of death

Arteriosclerotic cardiovascular disease

DURATION

2 yrs.

Due to

Due to

Other conditions Senility, Dementia Praecox

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE

M. D. or other

Address _____ Date signed 10/16/47

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OCT 18 1947
BUREAU OF

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester
 City or town Cambridge
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 14 years - 14 days - 1 mo.
 Hospital, institution, or street address where death occurred:
Eastern Shore State Hospital
 How long in hospital or institution? 14 years - 14 days - 1 mo.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Queen Anne's County
 City or town Price's Station
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

Lida Nelson

3. (b) Social Security Number

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widowed6. (b) Name of husband or wife Mr. Medford E. Nelson

7. Birth date of deceased (mo., day, yr.) August 12, 1873
 6. (c) If alive, give age _____ years

8. AGE: Years Months Days If less than one day
74 1 19 _____ hrs. _____ min.

9. Birthplace Caroline County
 (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

12. Name Unknown

13. Birthplace

14. Maiden name Unknown

15. Birthplace

16. Informant Eastern Shore State Hospital Records

Address Cambridge, Maryland

17. Burial Date thereof Oct 3-47
 (Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Freemount

Location Waldorf, Maryland

18. Funeral director Barton Bros

Address Centerville Maryland

19. 10-1-47 19 47 John Mason, M.D.
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 1 19 47 at 9:45 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 1 19 47 to October 1 19 47 and that I last saw him alive on October 1 19 47.

Immediate cause of death Senile Psychosis (senility)

DURATION

14 yrs.

Due to Diabetes, prior to

1933

Due to _____

Other conditions Gastro Intestinal Disorder

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Robert B. May, M.D. M. D. or other _____

Address E.S.S.H., Cambridge, Md. Date signed 10-1-47

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OCT 4 1947

BUREAU OF

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 112

1. PLACE OF DEATH:

County Dorchester
 City or town Vienna - Rural
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Life
 Hospital, institution, or street address where death occurred:
Vienna - Cambridge Road
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester
 City or town Vienna - Rural
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Vienna - Cambridge Road
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

Robert B. Parker, Jr.

3. (b) Social Security Number

4. Sex Male 5. Color or race Colored 6. (a) Single, married, widowed, or divorced Single
 6. (b) Name of husband or wife
 6. (c) If alive, give age years
 7. Birth date of deceased (mo., day, yr.) May 12, 1904
 8. AGE: Years 43 Months 4 Days 20 If less than one day
 hrs. min.

MEDICAL CERTIFICATION

20. DATE OF DEATH October 2 1947 at 6:30 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
Oct 12, 1946 to Sept 28, 1947
 and that I last saw him alive on Sept 28, 1947

Immediate cause of death Pulmonary Tuberculosis DURATION 1 yr

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Lawrence Maryanov M. D. or otherAddress 136 Race St. Cambridge, Md. Date signed 10/2/47

9. Birthplace Vienna, Maryland
 (Town, county and state)
 10. Usual occupation Day Laborer
 11. Industry or business Farm and Factory
 12. Name Robert B. Parker
 13. Birthplace Dorchester County, Maryland
 14. Maiden name Clara Dinnard
 15. Birthplace Dorchester County, Maryland
 16. Informant Mrs. Clara Parker
 Address Vienna, Maryland
 17. Burial Date thereof October 5, 1947
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Vienna Cemetery
 Location Vienna, Maryland
 18. Funeral director J. J. Frankston and Son
 Address Federalsburg, Maryland
 19. Oct 3 1947 Elizabeth D. Cagle
 (Date rec'd by registrar) Registrar

RECEIVED

OCT 7 1947

BURFA

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

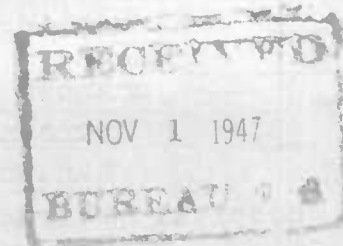
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH: County..... <u>Dorchester</u> City or town..... <u>Cambridge</u> (If outside city or town limits, write RURAL and give nearest town) How long above place of death?..... <u>1 hr.</u> Hospital, institution, or street address where death occurred: <u>Cambridge-Maryland Hospital</u> How long in hospital or institution?..... <u>1 hr.</u>				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State..... <u>Maryland</u> County..... <u>Dorchester</u> City or town..... <u>Vienna</u> (If outside city or town limits, write RURAL and give nearest town) Street No..... <u>X</u> (If rural, give LOCATION) 2.(a) If veteran, name war.....			
3. (a) FULL NAME <u>Louis Poulson</u>				3. (b) Social Security Number			
4. Sex <u>male</u>		5. Color or race <u>colored</u>		6. (a) Single, married, widowed, or divorced <u>?</u>			
6. (b) Name of husband or wife <u>no history</u>							
7. Birth date of deceased (mo., day, yr.) <u>about 1915</u>							
8. AGE: Years <u>32</u>		Months <u>X</u>		Days <u>X</u>		If less than one day hrs. min.	
9. Birthplace <u>Virginia?</u> (Town, county, and state)							
10. Usual occupation <u>Laborer</u>							
11. Industry or business <u>canning house</u>							
FATHER	12. Name <u>unknown</u>						
	13. Birthplace <u>unknown</u>						
MOTHER	14. Maiden name <u>unknown</u>						
	15. Birthplace <u>unknown</u>						
16. Informant <u>Hospital Records</u> Address.....							
17. <u>Burial</u> Date thereof..... (Burial, cremation, or removal. Which?) (month) (day) (year) Cemetery or crematory..... <u>Cemetery</u> Location..... <u>Point, Virginia</u>							
18. Funeral director <u>James F. Stewart</u> Address..... <u>Laurel Md. Box 583</u>							
19. <u>Oct. 29</u> 19 <u>47</u> <u>John Mac Jr M.D.</u> (Date rec'd by registrar) Registrar							
MEDICAL CERTIFICATION							
20. DATE OF DEATH <u>October 28</u> 19 <u>47</u> at <u>6-40P.M.</u>							
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from <u>X X</u> 19..... to..... <u>X X</u> 19..... and that I last saw h..... alive on..... <u>X X</u> 19..... Immediate cause of death..... <u>Injury to Brain</u> DURATION <u>1 1/2 hrs</u> Due to..... <u>Fracture of Skull</u> Due to..... <u>Unconscious when brought to hospital and died without regaining consciousness</u> Other conditions..... <u>consciousness</u> (Include pregnancy within 3 months of death) Major findings of operations..... Date of op..... Autopsy results..... PHYSICIAN: Please underline the cause to which death should be charged statistically.							
22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide..... <u>accident</u> Date of..... <u>Oct. 28/47</u> Where did injury occur?..... <u>Vienna- Dorchester- Md.</u> (City or town) (County) (State) Injured at home, farm, industry, public place (where?)..... <u>route 313</u> Means of Injury..... <u>Automobile</u> Injured at work?..... <u>no</u>							
23. SIGNATURE <u>Dr. W. Shriver, Dep. Med. Exam</u> M. D. or other Address..... <u>Cambridge, Md.</u> Date signed..... <u>Oct. 28/47</u>							



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Use correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

93d

 09026
 116
 Reg. Dist. No.

1. PLACE OF DEATH:
 County Dorchester
 City or town Cambridge
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 3 Years
 Hospital, institution, or street address where death occurred:
Cambridge Maryland Hospital
 How long in hospital or institution? 1 Day

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State Maryland County Dorchester
 City or town Cambridge
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 210 Belvedere Ave.
 (If rural, give LOCATION)
 2(a) If veteran, name war - - - - -

3. (a) FULL NAME
Alexina Navy Robinson

3. (b) Social Security Number
- - - - -

4. Sex <u>Female</u>	5. Color or race <u>White</u>	6. (a) Single, married, widowed, or divorced <u>Widowed</u>	
6. (b) Name of husband or wife <u>Joseph L. Robinson</u> (Died <u>4/21/1944</u>)			
7. Birth date of deceased (mo., day, yr.) <u>Feb. 8, 1870</u>			
8. AGE: Years <u>77</u>	Months <u>8</u>	Days <u>16</u>	If less than one day hrs. min.

9. Birthplace Taylor's Island, Dor. Co., Md.
 (Town, county, and state)

10. Usual occupation Domestic

11. Industry or business Home

12. Name Moses Navy

13. Birthplace Maryland

14. Maiden name Caroline Tall

15. Birthplace Maryland

16. Informant Mrs. S. Earl Webster

Address Cambridge, Maryland

17. Burial Date thereof Oct. 26, 1947
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Bethelham Church Cemetery

Location Taylor's Island, Dor. Co., Md.

18. Funeral director LeCompte's Funeral Service

Address Cambridge, Maryland.

19. 10-26- 19 47 John Mace
 (Date rec'd by registrar) (Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH October 24 19 47 at 7 A. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 22 19 47 to Oct. 24 19 47
 and that I last saw him alive on OCTOBER 24 19 47

Immediate cause of death Coronary artery thrombosis DURATION 2 days

Due to arteriosclerosis

Due to Generalized Hypertensive Cardiovascular disease

Other conditions Atrophic arthritis
 (Include pregnancy within 8 months of death)

Major findings of operations - - - - - Date of op. - - - - -

Autopsy results - - - - -
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following no
 Accident, suicide, or homicide - - - - - Date of - - - - -

Where did injury occur? - - - - - (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) - - - - -

Means of injury - - - - - Injured at work? - - - - -

23. SIGNATURE J. B. Banks M. D. or other - - - - -
Cambridge Md Date signed 10/25/47
 Address - - - - -

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OCT 29 1947

BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County..... Dorchester
City or town..... Cambridge
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 3 days
Hospital, institution, or street address where death occurred:
Eastern Shore State Hospital
How long in hospital or institution? 3 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland County..... Dorchester
City or town..... Galestown
(If outside city or town limits, write RURAL and give nearest town)
Street No.....
(If rural, give LOCATION)
2.(a) If veteran, name war.....

3. (a) FULL NAME

Omega Short

3. (b) Social Security Number

none

4. Sex..... Female 5. Color or race..... White 6.(a) Single, married, widowed, or divorced..... Single
6.(b) Name of husband or wife.....
6.(c) If alive, give age..... years
7. Birth date of deceased (mo., day, yr.)..... 1865
8. AGE: Years..... 82 Months..... Days..... It less than one day..... hrs. min.

9. Birthplace..... Galestown, Dorchester Cy. Maryland
(Town, county, and state)
10. Usual occupation..... none
11. Industry or business.....

FATHER 12. Name..... James Short
13. Birthplace..... Galestown, Dorchester Maryland
MOTHER 14. Maiden name..... unknown
15. Birthplace..... Galestown, Dorchester, Cy. Md

16. Informant..... Hospital Records
Address..... Cambridge, Maryland

17. Burial Date thereof..... Oct 8 47
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory..... Galestown
Location..... Galestown Md.

18. Funeral director..... J. J. Frampton Son
Address..... Federal City Md.

19. Oct. 6 19 47 John Mace Jr Md
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH..... October 5 19 47 at 10.50p M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
October 2 19 47 to October 5 19 47
and that I last saw h.er..... alive on October 5 19 47.

Immediate cause of death..... Bronchopneumonia
DURATION..... 2ds

Due to..... Senility

Due to.....

Other conditions..... Mental Deficiency

(Include pregnancy within 3 months of death)

Major findings of operations..... Date of op.

Autopsy results.....
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide..... Date of.....
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)
Means of injury..... Injured at work?

23. SIGNATURE..... John Mace Jr
M. D. or other
Address..... Cambridge Md Date signed..... 10/5/47

MARGIN RESERVED FOR BINDING

I

9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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OCT 8 1947

BUREAU OF

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

131a

09028

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County DorchesterCity or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? One DayHospital, institution, or street address where death occurred:
Cambridge Maryland HospitalHow long in hospital or institution? One Day

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County DorchesterCity or town Rural-Hoopersville
(If outside city or town limits, write RURAL and give nearest town)Street No. Hoopersville
(If rural, give LOCATION)2.(a) If veteran, name war -

3.(a) FULL NAME

Corbin T. Simmons

3.(b) Social Security Number

-

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
<u>Male</u>	<u>White</u>	<u>Married</u>

6.(b) Name of husband or wife Bessie Fitzhugh - 1920Rhodessa Tyler 6.(c) If alive, give age 36 years7. Birth date of deceased (mo., day, yr.) Oct. 18, 1882

8. AGE:	Years	Months	Days	If less than one day
	<u>65</u>	<u>-</u>	<u>2</u>	<u>hrs. min.</u>

9. Birthplace Golden Hill, Dor. Co., Md.
(Town, county, and state)10. Usual occupation Waterman11. Industry or business Seafood12. Name George H. Simmons13. Birthplace Maryland14. Maiden name Margaret Insley15. Birthplace Maryland16. Informant Mr. W. W. SimmonsAddress Royal Oak, Maryland17. Burial Date thereof Oct. 22, 1947
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Dorchester Memorial ParkLocation Cambridge, Maryland.18. Funeral director LeCompte's Funeral ServiceAddress Cambridge, Maryland.19. 10/22/47 John MacFarland, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 20, 1947 at 9:30 P. M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct. 20, 1947 to Oct. 20, 1947and that I last saw him alive on Oct. 20, 1947Immediate cause of death UremiaDURATION 1 dayDue to arterio-sclerotic Heart Disease unknownDue to arterio-sclerotic Heart Disease unknownOther conditions unknown

(Include pregnancy within 3 months of death)

Major findings of operations unknownDate of op. unknownAutopsy results unknown

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide unknown Date of unknownWhere did injury occur? unknown (City or town) (County) (State)Injured at home, farm, industry, public place (where?) unknownMeans of injury unknown Injured at work? unknown23. SIGNATURE Lawrence Haganov M. D. or otherAddress Cambridge, Md. Date signed Oct 21, 1947

RECEIVED
OCT 24 1947
BUREAU OF

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County DorchesterCity or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? About 50 YearsHospital, institution, or street address where death occurred:
Cambridge Maryland HospitalHow long in hospital or institution? 6 Months

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County DorchesterCity or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)Street No. 205 Choptank Ave.
(If rural, give LOCATION)

2. (a) If veteran, name war _____

3. (a) FULL NAME

Walter Slacum

3. (b) Social Security Number

-

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widowed6. (b) Name of husband or wife Irene E. Leonard(Died March-1947)7. Birth date of deceased (mo., day, yr.) Nov. 21, 18738. AGE: Years 73 Months 10 Days 20 It less than one day _____ hrs. _____ min.9. Birthplace James Island, Dor. Co., Md.
(Town, county, and state)10. Usual occupation Retired11. Industry or business II12. Name Nabath H. Slacum13. Birthplace Maryland14. Maiden name Catherine Barnes15. Birthplace Maryland.16. Informant Mr. Lloyd SlacumAddress Cambridge, Maryland17. Burial Date thereof Oct. 13, 1947
(Burial, cremation, or removal, Which?) (month) (day) (year)Cemetery or crematory Cambridge CemeteryLocation Cambridge, Maryland18. Funeral director LeCompte's Funeral ServiceAddress Cambridge, Maryland.19. 10-13- 19 47 John M. [Signature]
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 11, 19 47, at 7: A.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from _____ 19 _____, to 10/9 19 47and that I last saw him in alive on 10/9 19 47Immediate cause of death Carcinoma of Bladder

DURATION

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide no Date of _____Where did injury occur? _____
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Mary StechAddress Cambridge Md.

M. D. or _____

Date signed 10/11-1947

RECEIVED

OCT 16 1947

BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Do not correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

1240

69030

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County DorchesterCity or town Cambridge

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 12 Years

Hospital, institution, or street address where death occurred:

Cambridge Maryland HospitalHow long in hospital or institution? Elven Weeks

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MarylandCounty DorchesterCity or town Cambridge

(If outside city or town limits, write RURAL and give nearest town)

Street No. 418 Maryland Ave.

(If rural, give LOCATION)

2.(a) If veteran, name war World War No. 1

3.(a) FULL NAME

Carroll R. Snelling

3.(b) Social Security Number

4. Sex

Male

5. Color or race

White

6.(a) Single, married, widowed, or divorced

Married

6.(b) Name of husband or wife

Chrissie Long6.(c) If alive, give age 52 years

7. Birth date of

deceased (mo., day, yr.) April 24, 1896.

8. AGE:

Years

51

Months

5

Days

13

If less than one day

hrs.

min.

9. Birthplace

Eden, Somerset Co., Maryland

(Town, county, and state)

10. Usual occupation Owner Amusement Devices

ff

ff

ff

11. Industry or business

FATHER

12. Name

Richard A. Snelling

13. Birthplace

Maryland

MOTHER

14. Maiden name

Annie R. Bozman

15. Birthplace

Maryland

16. Informant

Mrs. Chrissie Snelling

Address

Cambridge, Maryland

17.

Burial

Date thereof

Oct. 9, 1947

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory Dorchester Memorial ParkLocation Cambridge, Maryland

18. Funeral director

LeCompte's Funeral Service

Address

Cambridge, Maryland.

19.

10/9/19 47

(Date rec'd by registrar)

John Masses md

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 7, 1947 at 6:28 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Aug 7, 1947 to Oct 7, 1947and that I last saw him alive on October 7, 1947

Immediate cause of death

Cardiac Failure

DURATION

2 days

Due to

Cirrhosis of Liver2 years.

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

none

Date of op.

Autopsy results

none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Eldridge H. Wofford

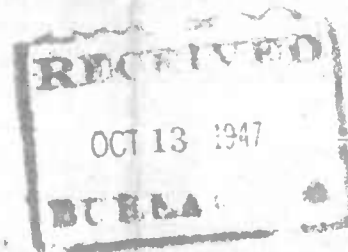
M.D. or other

Address

Cambridge, Md.

Date signed

10-8-47



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

09031

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester Co.
City or town East New Market
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 5 weeks
Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Oliver J. Stanley
4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married

6. (b) Name of husband or wife Thomas Stanley
7. Birth date of deceased (mo., day, yr.) 5-4-19 6. (c) If alive, give age 54 years

8. AGE: Years 54 Months Days If less than one day hrs. min.

9. Birthplace Dorchester Co.
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

12. Name Cambridge Conway

13. Birthplace Dorchester Co.

14. Maiden name Ann M. Thomas

15. Birthplace Dorchester

16. Informant Mary J. Ferrar

Address East New Market

17. (Burial, cremation, or removal) Which? Burial Date thereof Oct 26 47
(month) (day) (year)

Cemetery or crematory Cemetery

Location Salem

18. Funeral director John Moore & Son
Address Cambridge Md

19. 10-26-1947 (Date rec'd by registrar) Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Dorchester
City or town East New Market
(If outside city or town limits, write RURAL and give nearest town)
Street No. R78
(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH October 24 1947 47.3 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 20 1947 to Oct 24 1947

and that I last saw him alive on Oct 24 1947

Immediate cause of death Metastatic Adenocarcinoma

Due to Carcinoma Stomach

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: None
Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Manner of injury Injured at work?

23. SIGNATURE Cambridge Md M. D. or other

Address 10/25/47 Date signed

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OCT 29 1947

OFFICE OF THE SECRETARY OF THE ARMY

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

83a

09032

Reg. Dist. No. 111

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

County Dorchester
 City or town East New Market Md
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 55 years
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Lajo Zader

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widowed

6. (b) Name of husband or wife

Ellie Bruning Zader

7. Birth date of deceased (mo., day, yr.)

July 6, 1857

6. (c) If alive, give age years

8. AGE:

90 Years 3 Months 22 Days — hrs. — min.

9. Birthplace

Widum, Germany
(Town, county, and state)

10. Usual occupation

Retired Farmer

11. Industry or business

John Zader

12. Name

Germany

13. Birthplace

don't know

14. Maiden name

John Zader

15. Birthplace

East New Market Md

16. Informant

Burial

17. (Burial, cremation, or removal, which?)

Cemetery

18. Location

East New Market

19. (Date rec'd by registrar)

Oct 29, 1947

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Md County Dorchester
 City or town East New Market
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. R.F.D.
 (If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 28, 1947, at 11:30 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Oct 27, 1947, to —, 1947and that I last saw him alive on Oct 27, 1947

Immediate cause of death

Chorea, cerebral

DURATION

Due to

Senility

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, till in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

R.D. Brown MD

M. D. or other

Address East New Market Date signed Oct 29, 1947

Registrar

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NOV 6 1947

BUREAU # 2

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

93d

CERTIFICATE OF DEATH

Reg. Dist. No. 178

09033

1. PLACE OF DEATH:

County... Dorchester
 City or town... Williamsburg
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?... Life
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland County... Dorchester
 City or town... Williamsburg
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.
 (If rural, give LOCATION)
 2. (a) If veteran, name war... No

3. (a) FULL NAME

William H. Todd

3. (b) Social Security Number

None

4. Sex... Male 5. Color or race... White 6. (a) Single, married, widowed, or divorced... Married
 6. (b) Name of husband or wife... Jennie C. Todd
 6. (c) If alive, give age... 77 years
 7. Birth date of deceased (mo., day, yr.)... May 16, 1855
 8. AGE: Years... 92 Months... 5 Days... 0 If less than one day... hrs. min.

9. Birthplace... Dorchester County, Maryland
 (Town, county, and state)
 10. Usual occupation... Retired
 11. Industry or business... Blacksmith
 12. Name... William Todd
 13. Birthplace... Dorchester County, Maryland
 14. Maiden name... Susan Collins
 15. Birthplace... Dorchester County, Maryland
 16. Informant... Houston Todd
 Address... Williamsburg, Maryland
 17. Burial Date thereof... October 19, 1947
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory... Hill Crest Cemetery
 Location... Federalburg, Maryland
 18. Funeral director... J. F. Fiddington, Jr. son
 Address... Federalburg, Maryland
 19. October 19, 1947 Charles Hastings
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

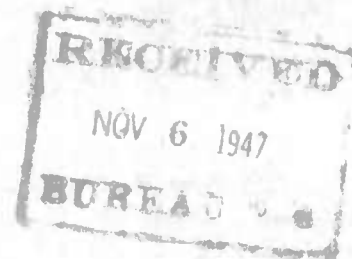
20. DATE OF DEATH... October 16, 1947 at 11 P. M.
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 13 to Oct 16 19 47
 and that I last saw him live on Oct 16, 1947
 Immediate cause of death... Chronic myocarditis
 DURATION... Syns.
 Due to...
 Due to...
 Other conditions...
 (Include pregnancy within 3 months of death)
 Major findings of operations...
 Date of op.
 Autopsy results...
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide... Date of...
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?

23. SIGNATURE

Frank M. Anderson MD
 Address... Federalburg, Md Date signed... 10/18/47
 M. D. or other



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:

County Dorchester
City or town Secretary
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Full life
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State MD County Dorchester
City or town Secretary
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME

Thomas Albert Townsend

3. (b) Social Security Number

4. Sex Male 5. Color or race W 6.(a) Single, married, widowed, or divorced Married

6.(b) Name of husband or wife Maggie Townsend

7. Birth date of deceased (mo., day, yr.) March 17, 1873 8.(c) If alive, give age years

8. AGE: Years 74 Months 6 Days 28 If less than one day hrs. min.

9. Birthplace Hurlock, Del., Md.
(Town, county, and state)

10. Usual occupation None

11. Industry or business

12. Name William Townsend

13. Birthplace Delaware

14. Maiden name Lucy Townsend

15. Birthplace Del.

16. Informant Mrs. Carrie Labadie

Address Federalburg, Md.

17. Burial (Burial, cremation, or removal, which?) Burial Date thereof (month) (day) (year) 10/17/47

Cemetery or crematory Cemetery

Location East New Market

18. Funeral director F.B. Willoughby

Address East New Market

19. Oct. 16, 1947 Elizabeth C. Smith
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10/15/47 at 5:00 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 14, 1947 to October 15, 1947 and that I last saw him alive on October 15, 1947

Immediate cause of death Coronary thrombosis

Due to Chronic Myocarditis

Due to General Arteriosclerosis

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W. Garrison MD

M. D. or other

Address Hurlock Md

Date signed 10/16/47

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

120

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OCT 23 1947

BUREAU OF